2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P05000009421 04-13-2007 90157 008 ***150.00 1. Entity Name TARIK INC. Principal Place of Business Mailing Address 40059043 1954 SW 180 TERRACE 1954 SW 180 TERRACE MIRAMAR, FL 33029 MIRAMAR, FL 33029 2. Principal Place of Business - No P.O. Box # 6300 JOHNSON ST 3. Mailing Address 6300 JOHNSON ST Suite, Apt. #, etc. 04022007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For HOLLYWOOD HOLLYWOOD 20-2491936 Not Applicable 33024 Country Country \$8.75 Additional 5. Certificate of Status Desired 33024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBNATH, SANJIB K Street Address (P.O. Box Number is Not Acceptable) 10341 NW 14TH. STREET PLANTATION, FL 33322 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or dyinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDS TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEBNATH, SANJIB K NAME NAME STREET ADDRESS 10341 N W 14TH, STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP ☐ Delete TIFLE TITLE ☐ Change ☐ Addition NAME HELAL, MOHAMMAD NAME STREET ADDRESS 1954 SW 180 TERRACE STREET ADDRESS MIRAMAR, FL 33029 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition AHAROUI, HASSAN NAME NAME STREET ADDRESS 4200 SHERIDAN STREET, APT # 156 STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED